

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90040 038 ***150.00

DOCUMENT # P00000114064

1. Entity Name
SALAZAR FAMILY HEALTH CARE, INC.

Principal Place of Business

1007 N CHURCH AVE
MULBERRY FL 33860

Mailing Address

1007 N CHURCH AVE
MULBERRY FL 33860

2. Principal Place of Business

403 NORTH CHURCH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 1312

Suite, Apt. #, etc.

City & State

MULBERRY, FLORIDA

City & State

MULBERRY, FLORIDA

4. FEI Number

59-3686278

Applied For

Not Applicable

Zip

Country

33860

Zip

Country

33860

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORKMAN, MICHAEL E
C/O WENDEL CHRITTON & DEBARI
5300 S FLORIDA AVE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

JOHN F. WENDEL

Street Address (P.O. Box Number is Not Acceptable)

C/O WENDEL & CHRITTON, CHARTERED

5300 SOUTH FLORIDA AVENUE

City

LAKELAND

FL

Zip Code
33813

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

2/18/2

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PATRICIA G. SALAZAR**
STREET ADDRESS **403 NORTH CHURCH AVENUE**
CITY-ST-ZIP **MULBERRY, FLORIDA 33860**

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **CAROLE P. EDWARDS**
CITY-ST-ZIP **403 NORTH CHURCH AVENUE**
MULBERRY, FLORIDA 33860

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **WILLIAM VARGAS, M.D.**
CITY-ST-ZIP **403 NORTH CHURCH AVENUE**
MULBERRY, FLORIDA 33860

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)